

BOMB THREATS

INSTRUCTIONS: Be calm. Be courteous. Listen, do not interrupt the caller. Notify supervisor or fellow employee by prearranged signal while the caller is on the line. If the caller hangs up, leave the telephone off the hook and if at New City Hall, contact security by calling ext. 2704 or Facilities Management at ext. 1487 and Police Dispatch at 498-1414 from a second telephone. At other City locations call Police Dispatch at 498-1414. Give the officer the location and telephone number you are calling from. Use the form below to record as much information as possible about the call.

QUESTIONS TO ASK:

- | | |
|-----------------------------------|----------------------------|
| 1. When is bomb going to explode? | 6. Did you place the bomb? |
| 2. Where is it right now? | 7. Why? |
| 3. What does it look like? | 8. What is your address? |
| 4. What kind of bomb is it? | 9. What is your name? |
| 5. What will cause it to explode? | |

EXACT WORDING OF THREAT: _____

Sex of caller: _____ Race: _____ Age: _____ Length of call: _____

Number at which call is received: _____ Time: _____ Date: _____

CALLER'S VOICE

- | | | | |
|----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughter | <input type="checkbox"/> Stutter | <input type="checkbox"/> Deep breathing |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Lisp | <input type="checkbox"/> Cracking voice |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Raspy | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Deep | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Slurred | <input type="checkbox"/> Ragged | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Whispered | <input type="checkbox"/> Clearing throat | |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Nasal | | |

If voice is familiar, who did it sound like? _____

BACKGROUND SOUNDS:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Music | <input type="checkbox"/> Factory machinery | <input type="checkbox"/> Local |
| <input type="checkbox"/> Crockery | <input type="checkbox"/> House noises | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> Clear | <input type="checkbox"/> Booth |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Office | <input type="checkbox"/> Static | |
| <input type="checkbox"/> Other | | | |

THREAT LANGUAGE:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Well Spoken
educated | <input type="checkbox"/> Foul
<input type="checkbox"/> Irrational | <input type="checkbox"/> Incoherent
<input type="checkbox"/> Taped | <input type="checkbox"/> Message read by
threat maker |
|--|--|---|--|

REMARKS: _____

Report call immediately to: _____ Phone# _____ Date _____

Name _____ Position _____

Phone Number: _____